

CERTIFICATE OF COMPLETION

I, Dr. _____ certify that I have completed the entire
_____ program course

Dr. _____ Date _____
Signature

Dr. _____ License Number: _____
Print name

Request Final Examination: Yes ___ No ___ (Expert Witness Certification Only)

Do Not Write Below This Line

NOTARY

STATE OF _____ COUNTY OF _____

Sworn to (or affirmed and subscribed before me this _____ day of _____

20_____, by Dr. _____ Signature _____
Print Name

Print, Type or Stamp Commissioned Notary Public

Personally Known _____ or Produced Identification Type _____

INSTRUCTOR SIGNATURE: _____

Dr. Kenneth S. Ross, D.C., J.D.
Post-Graduate Instructor, Texas Chiropractic College

SPONSORS: Texas Chiropractic College

Hours of Continuing Education: _____